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ART. I.—*History of the American Medical Association.*

By ONE OF ITS MEMBERS.

No. 7.

DURING the year following the meeting of the Association in Cincinnati, no events occurred in connection with it worthy of special notice. The next annual meeting convened in Charleston, South Carolina, on the first Tuesday in May, 1851. The delegates assembled in St. Andrew's Hall, at 11 o'clock A. M., and the President, Dr. R. D. Mussey, of Cincinnati, took the chair.

Dr. Simons, Chairman of a Committee appointed by the South Carolina Medical Association, tendered to the delegates a cordial welcome to the hospitalities of their professional brethren, both in the city and State. Dr. Frost, Chairman of the Committee of Arrangements, read the list of delegates who had registered their names. About two hundred and twenty were present during the meeting. The meeting, at Charleston, gave rise to one incident, not connected with any of those which had preceded it. The location was such, that a large proportion of the delegates from the Eastern, Middle, and Northwestern States, first collected together in New York and Philadelphia, and proceeded from thence to Charleston, by way of the Atlantic. To much the larger number, this was their first trip on the wide ocean, and long will they remember it. In the harbor of New York, between fifty and sixty delegates, from the North and East, met on board the steamer "Southerner," on Saturday afternoon, bound direct for Charleston. The afternoon had been pleasant, and as

we dropped down quietly out of the bay, with its islands and thousand ships, all on board was life, animation, and gayety. But before we were fairly out upon the ocean, the shades of evening had gathered around, and the signal for supper called our company to its first general meeting in the spacious dining saloon. On looking around the long table, I observed every seat full, and here too all was animation and enjoyment. In the company were mingled the old and the young, the grave and the gay. Conspicuous among the former were the venerable Drs. Tilden, of Ohio, Adams, of Boston, Goodyear and M'Intyre, of the interior of New York, whose whitened locks and steady steps betokened the influence and weight of years. Some of these had not only toiled for half a century in the profession, and seen the wilderness literally converted into cities around them, but they had followed the camp of our armies, on the northern frontier, during the war with Great Britain, and spent their best days in mitigating the evils of human slaughter. Among the latter, were the middle-aged, and younger members of the profession, once fairly released from the cares of the sick chamber, and beyond the reach of new calls for a week, at least. Nor was the company made up of sage doctors alone. For Dr. Moran, of Providence, had in company his two daughters, and several others their *fair* companions, all of whom contributed to the social enjoyment of the occasion. As the evening stole away, one after another retired to their state-rooms and berths, apparently as quiet and secure as in their private dwellings among their own native hills. In the mean time, the good steamer had been urging its way out upon the bosom of the broad ocean. Soon, nearly all on board, except the ever toiling mariners, were wrapt in the embrace of sleep. But midnight comes, and what a change! The rain pours in torrents on the decks, the wind rattles every movable thing on board, the sailor treads heavily and hurriedly to and fro, while wave after wave breaks in torrents of spray around the ship, giving a mingling of sounds heard nowhere else, but on a lone ship tossed upon the wild and boisterous waters. In the mean time, the swaying of the ship rocks the sleepers in their berths like the child in his cradle. But, alas! that rocking soon awakens a large proportion of our doctors, with feelings very much as though they had swallowed half of the ipecac in a respectable drug-shop.

Long before the morning dawned, the heaving and groans of the sick were heard on every hand, mingling with the wild tumultuous elements around us; but the dawn of the morning brought no change. A storm had begun, which continued with little or no abatement until the following Monday night. During the whole of Sunday and Monday, the saloons and decks were alike lonely; the bountifully spread dining-table found few patrons; while the old and the young, the mothers and daughters, alike found abundant employment in the struggle to keep their stomachs in the place where nature designed them. Few, very few, of all our professional company escaped the dreaded *sea-sickness* during that storm. But among that favored few was the writer himself. Though never before fairly in sight of the broad ocean, and though feeling a cordial sympathy for the sick, yet being entirely exempt himself, it was a season of peculiar enjoyment.

In the brief intervals when the falling rain would cease, to take a station on the upper deck, partially sheltered from the spray, behind the upper part of the wheel-house, and then gaze above on the broad heavens, curtained with dark floating clouds, below on the boundless, rolling, roaring billows, crested with foam, and, every now and then, not only dashing their spray full over the top of the wheel-house, but high up on the smoke-pipes; the good ship, now pointing its bowsprit heavenward, and now sinking it even beneath the waves, while the steady stroke of the engine, guided by a single *human* hand, and urging its way hour after hour over the mighty mass of tumultuous waters; was to have the mind filled with conceptions of the sublime, the boundless, the mighty, mingled with ideas of human progress and mechanical triumphs, which no language can express.

At length Tuesday morning came, and with it a new scene. At midnight the storm had ceased, and the winds lulled to a gentle breeze. The sun rose clear and brilliant as a meteor, darting his silvery rays over the surface of the wide waters, now moved only in ripples. To the quickened stroke of the engine had been added a broad sheet of canvas, to catch the force of the breeze, and our good ship was speeding like a bird over the waters; and one after another of the timid and sea-sick passengers came from their berths and state-rooms, to inhale once more the free, fresh

air, and feast the eye on the beauty of a clear blue sky and a glowing sun.

In a very brief time the whole ship was as full of life, gayety, and social enjoyment as when she moved out of the harbor of New York, on the Saturday previous. But now the hour had come and gone, when we should have been landed in the capital of the Palmetto State, and been mingling with our professional brethren from the south. We had been so much retarded by the storm that we did not reach Charleston until six o'clock on Tuesday evening. Just before we entered the harbor, we passed the propeller from Philadelphia, on board of which was also a large number of delegates, who had been subjected to the same peril and delay as ourselves. All, however, arrived in safety, and though a little too late to participate in the business of organizing and choosing officers for the ensuing year, yet I trust all of us wiser and better for our voyage. Some reader may wish to know what all this has to do with a history of the American Medical Association? I answer, much, very much! For no one incident better illustrates the wisdom of that constitutional provision which requires the Association to meet successively in different sections of our widely extended Union. Impelled by the strong desire to attend each anniversary meeting, hundreds are annually drawn from the narrow circle of home, with its sectional prejudices, and made to pass over geographical lines, through novel scenes, and amidst social relations, which break our prejudices, enlarge the field of mental vision, impress on the tablet of memory a thousand green spots, and weave continually new cords with which to strengthen the bonds of our great social and political union.

Immediately after the Association had been called to order in the morning, and the Chairman of the Committee of Arrangements had presented the list of delegates, the President read a letter from Dr. Alfred Stillé, of Philadelphia, resigning the office of Secretary to the Association, which he had held ever since its first organization. Dr. Stillé had labored assiduously to advance the interests of the national organization, and was constrained to resign his post of active duty, only on account of feeble health, and a desire to spend some time abroad.

An election of officers then took place, in the usual manner, and resulted as follows, viz:—

President.

JAMES MOULTRIE, South Carolina.

Vice-Presidents.

GEORGE HAYWARD, Mass.; B. R. WELLFORD, Virginia;
R. D. ARNOLD, Georgia; G. B. FLINT, Kentucky.

Secretaries.

H. W. DE SAUSSURE, S. C.; P. C. GOOCH, Virginia.

Treasurer.

ISAAC HAYS, Pennsylvania.

At the previous annual meeting of the Association, Dr. Daniel Drake, of Ohio, had proposed an amendment to the Constitution, in such a manner as to allow permanent members, who were not delegates, the right to vote, and also to require members by *invitation* to be proposed in writing, signed by five members. On motion of Dr. Gaillard, of South Carolina, the proposition was taken up for consideration. It elicited considerable discussion, but was finally lost by a decided vote.

During the morning session of the second day, Dr. Isaac Hays, of Pennsylvania, presented the report of the Treasurer, and the Chairman of the Committee on Publication, which was accepted, and the resolutions accompanying it adopted.

The report of the Standing Committee on Surgery was presented, and read by the Chairman of the Committee, Dr. Paul F. Eve, of Georgia, and referred to the Committee on Publication.

Dr. A. Flint, of Buffalo, New York, sent his report from the Standing Committee on Practical Medicine, in printed form; and it was referred to the Committee on Publication, without having been read.

During the afternoon session, the Committee on Prize Essays presented their report, awarding the prize to Dr. John C. Dalton, Jr., of Boston, for the essay "On the Corpus Luteum of Menstruation and Pregnancy."

The report was accepted, and the essay referred to the Committee on Publication.

Dr. Storer, of Boston, Chairman of the Committee on Obstet-

rics, read his report, which contained some statistics furnished by Dr. Ramsey, of Georgia. Some member or members from the latter State expressed doubts in reference to the correctness of these statistics. In consequence of this, Dr. Robertson, of South Carolina, moved that the report be recommitted to the Committee, with the privilege of altering the same, which motion was adopted. After consulting some of those members who were presumed to know something of the probable reliability of the author of the statistics, Dr. Storer thought best to erase them from the report. This being done, he re-presented the report, which was accepted and referred to the Committee on Publication, in the same manner as all the other reports. This is the simple history of a transaction which subsequently called down upon the Association a great amount of scandal and reproach. It was immediately alleged, in certain quarters, that the objections to Dr. Ramsey's statistics were made to gratify personal malice; and that the Association had lent itself to a scheme devised for the purpose of destroying individual character.

The *Northern Lancet*, a monthly periodical published at Ogdensburg, New York, took the lead in denouncing the whole Association, in no measured terms. There was a reason for this, however. The Professor of Obstetrics in the New York University, whose clinics so frequently occupy the pages of the *Lancet*, was *the man* who, immediately after the organization of the first National Medical Convention, in New York City, moved that it adjourn *sine die*, without the transaction of any business. Hence, in making war on the Association, the *Northern Lancet* was only endeavoring to gratify his special friend in New York. Some of those conducting journals of respectability, however, also commented on this act of the Association, as one calculated to do an individual injustice.

But it is not easy to conceive how the Association, as a public assembly, could have acted more cautiously or more honorably. A report is made by a Standing Committee, containing a number of alleged facts, furnished by an absent individual, personally entirely unknown to nine-tenths of the members present. One or more, who are presumed to have some knowledge of the matter, object to their authenticity. What shall be done? It is impossible for the meeting, as a body, to institute an inquiry into

the facts of the case, and hence no action can be taken directly on the part of the report which has been called in question. Hence there was but one proper course to be pursued, viz: to *recommit* the whole report to the Committee from which it emanated, with permission to make additional inquiries and alter or amend it as should be deemed proper. In doing this, the Association certainly in nowise impeached the character of Dr. Ramsey, or decided on the merits of the matter he had furnished to the Committee. If any injustice was done him, it was the act of the Committee, and not of the Association. And there can be no doubt but that if Dr. Ramsey had spent half as much time in collecting such collateral evidence as would have fully sustained the correctness of his statements to the Committee, and re-presented them to the next succeeding meeting, as he did in maintaining a bitter personal controversy concerning the matter, he would have received full justice from the Association, and saved no little scandal to the profession. A similar remark is still more applicable to those who, like the editor of the *Northern Lancet*, seized greedily on the present occasion to denounce the Association, and impugn the motives of its members. Had they spent the same amount of time in attending the annual meetings, making the personal acquaintance of its members, and in honestly striving to increase its usefulness, they would have increased, in an equal ratio, their own enjoyment and the welfare of the profession.

During the third day of the session, the report from the Standing Committee on Medical Literature was presented and read by Dr. T. Reyburn, of Missouri, Chairman of the Committee. The only resolution appended to the report was the following, viz:—

"*Resolved*, That a special committee be appointed, to take into consideration that portion of this report which refers to the organization of a society for the *reception and discussion of original scientific papers;* and that said Committee be, and is hereby instructed to present the details of a plan, if deemed by them expedient, for such a society or section, at the next annual meeting."

Many members of the Association had felt at each annual meeting that too much time was taken up in discussing miscellaneous resolutions, chiefly relating to the education and ethics of the profession, and in having lengthy reports from standing committees, thereby leaving no time for reading original papers, and

discussing questions strictly scientific in their nature. The object of the resolution quoted, was to remedy this defect, by establishing a distinct *section* of the Association for that special purpose. The subject was referred, however, to a special committee, previously appointed, on the organization of the Association, consisting of Drs. Hays, of Pennsylvania, Stevens, of New York, Yardley, of Pennsylvania, Storer, of Massachusetts, and Jones, of North Carolina.

The Committee, in their report, recommended no action on the subject, in consequence of other important changes which were made in reference to the organization of committees.

At the meeting of the Association in Cincinnati, the subject of *Demonstrative Midwifery* was referred to the Standing Committee on Medical Education.

Dr. Worthington Hooker, of Connecticut, Chairman of that Committee, read a report on that subject, which was not only referred to the Committee on Publication, but its sentiments were approved by a unanimous vote of the Association.

Dr. White, Professor of Obstetrics in the Medical Department of the University of Buffalo, had on one occasion introduced a female in *labor* before the graduating class in that institution, and so far exposed her, as to enable them to witness the termination of the labor. This was called *demonstrative* midwifery, and its propriety was much discussed both in and out of the profession. It was on this subject that the Committee on Medical Education was required to report. The general character of that report, which was so fully sanctioned by the Association, may be gathered from the following brief extract:—

"Granting all that can be claimed with any plausibility for the advantages mentioned, they are not of sufficient value to make it proper that woman in the hour of her extremity should be made the subject of a public exhibition. But we not only object to the mode of instruction, adopted in the plan at Buffalo, as unnecessary, but we object to it, also, as being utterly *incompetent to give the student that knowledge which he needs in the practice of obstetrics.* It cannot take the place at all of what may properly be termed clinical instruction in midwifery. A single hasty examination by the touch in the course of the labor, and a *view* of the conclusion of the process, can supply the student with but a very small

part of that practical knowledge which he needs when he comes to take charge of patients upon his own responsibility alone. This knowledge he can obtain effectually only by taking care of cases of midwifery during his pupilage under the supervision of his preceptor. A single case, thus managed, will teach him more than a multitude of such exposures as that which was made in the Buffalo Medical College, possibly could do."

At a subsequent stage of the session, Dr. W. Hooker presented the report of the Standing Committee on Medical Education.

The report was well written, and embraced much valuable knowledge, and, after having been read, it was accepted and referred to the Committee on Publication. The resolutions appended, were also adopted, but they simply reaffirmed the action taken by the Association at its former meetings.

Dr. Bennet Dowler, of New Orleans, Chairman of the Committee on Medical Sciences, presented the annual report through Dr. E. D. Fenner, and it was accepted, and referred to the usual committee.

Dr. Gaillard, of South Carolina, Chairman of the Committee on Hygiene, presented a report which received the usual reference.

The report of the Standing Committee on Surgery was presented by Dr. Paul F. Eve, of Georgia, and was referred to the Committee on Publication. All these reports of standing committees, together with the Prize Essay of Dr. Dalton, may be found in the fourth volume of the *Transactions* of the Association.

The last named paper is accompanied by well executed plates, and the whole makes a volume of six hundred and seventy-seven pages, well worthy of perusal by every member of the profession.

On the last day of the session, a paper styled "An Experimental Inquiry concerning some points connected with the Processes of Assimilation and Nutrition," was presented and read by Dr. N. S. Davis, of Illinois. This paper was read only a little before the hour of final adjournment, and seemed to attract but little attention, although it contained some analyses and experiments of value. It not being referred to the Committee on Publication, soon after the adjournment it made its appearance in the columns of the *North-Western Medical and Surgical Journal*, published at Chicago, Illinois. Some of the experiments it contains have an

important bearing on the commonly received doctrines in relation to the uses of the *fibrin* of the blood.

One of the most important acts of the present session was the adoption of an amendment to the Constitution of the Association, offered by Dr. Isaac Hays, at the annual meeting in 1849. The amendment reads as follows, viz:—

"*Resolved*, To strike out all that relates to Standing Committees on Medical Science, on Practical Medicine, on Surgery, on Obstetrics, on Medical Education, and on Medical Literature."

By this, all the Standing Committees provided for by the Association were abolished, except the Committees of Arrangements, and of Publication. The Association had evidently become somewhat wearied with the *lengthened abstracts* which had been annually presented by the Standing Committee in the form of reports. It was alleged that a copy of *Braithwaite's Retrospect* or of *Ranking's Abstract* would answer as well as these annual reports; and that such action should be taken as would efficiently encourage original investigations in relation to special topics of interest. To accomplish this, Dr. G. B. Wood, of Pennsylvania, offered the following resolution, which was adopted, viz:—

"*Resolved*, That a committee of seven be appointed, to take into consideration the arrangement of committees for future action, and to report as soon as possible."

The Committee consisted of Drs. G. B. Wood, of Pennsylvania, D. Drake, of Ohio, A. H. Stevens, of New York, W. Hooker, of Connecticut, Horatio Adams, of Massachusetts, B. R. Wellford, of Virginia, and S. H. Dickson, of South Carolina.

At a subsequent period of the session, Dr. Wood, the Chairman of this Committee, presented a report, the chief recommendations of which are contained in the following extract, viz:—

"It appears to them that the most feasible plan of accomplishing the objects of the Association is, to select certain subjects, which may be considered as suitable for investigation, and to refer these subjects to special committees, to be appointed before the close of the present session, and to report to the next."

This report also recommended the appointment of a Committee on Volunteer Communications, which should be authorized to award a prize of fifty dollars for each of the essays approved by it; not, however, exceeding five in number in one year. The

report of the Committee was accepted, and its recommendations adopted by the Association.

This led to the appointment of *twenty-seven* special committees. Eight of these were instructed to report on the epidemics of different parts of the United States; and to each of the remaining *nineteen* was referred some special subject of importance on which they were to report at the next annual meeting. The Committee appointed to receive and examine Volunteer Communications, consisted of Drs. George Hayward, J. B. S. Jackson, D. H. Storer, and Jacob Bigelow, of Boston, and Dr. Usher Parsons, of Rhode Island.

This annual meeting was continued until the afternoon of the fourth day. Besides the items of business, to which I have alluded in this brief sketch, many others of a miscellaneous character were introduced and acted upon. But throughout the entire session, the utmost harmony and good feeling prevailed among the members. The delegates were received, both by the profession and the citizens of Charleston, with the most cordial hospitality. Besides the generous hospitalities of individual members and citizens, the Medical Association of South Carolina provided, on the evening of the third day of the session, a splendid banquet, which afforded a pleasant season for social intercourse and festive enjoyment. The banqueting hall and tables were richly ornamented, and the latter loaded with every delicacy which the season and climate could afford. There, too, for the first time in the history of the Association, wines and strong drink were freely furnished as a part of the entertainment. Thus, a practice which commenced in Boston as a very simple and unostentatious collation, serving only as the occasion of a great and delightful social entertainment, became in Cincinnati a much more bountiful and costly public dinner, and, in Charleston, one still more elegant and costly, with the addition of those drinks which beguile the unwary, and "intoxicate the brain." In addition to all the other means of entertainment, an invitation was given, to make a steamboat excursion up the Ashley and Cooper Rivers, far enough to reach the rice plantations on their banks. This trip was peculiarly pleasant and instructive to the delegates from the Northern and Eastern States, and long will their memory of Charleston be associated with feelings of the liveliest pleasure. The Association formally adjourned on the afternoon

of the fourth day; having previously fixed upon the city of Richmond, Va., as the place for the next annual meeting. Many delegates returned northward by the same steam-vessels that had brought them from New York and Philadelphia; and their homeward voyage was as pleasant and tranquil as the former one had been boisterous.

ART. II.—*Correspondence with the late Doctor Jonathan Pereira, of London.* By STEPHEN W. WILLIAMS, M. D., late of Deerfield, Massachusetts; now, of Laona, Winnebago County, Illinois.

LETTER II.

DEERFIELD, MASSACHUSETTS, UNITED STATES OF AMERICA, Feb. 20, 1841.

TO DR. PEREIRA.

RESPECTED SIR: Your very interesting letter of the 21st Nov. 1840, with the accompanying papers and documents, reached me after about as long an interval as elapsed between the writing and reception of mine. I do not know what the reason can be, now that our steam-vessels ply so regularly once a fortnight between our respective countries, that they should be so long delayed.

I am greatly obliged to you for your kind letter, and for your pamphlets, and particularly your historical table of the Materia Medica. To me this was peculiarly interesting, as I love to delve in antiquarian lore, and I wish I had greater opportunities to indulge myself in it. I think you have done us pretty good justice in your enumeration of our writers on the Materia Medica. Our countrymen have published numerous interesting papers on this subject in our medical journals. Perhaps more has been published in this way than in separate works. I can, however, mention a few other authorities which you have not referred to, viz: Dunglison's *New Remedies*, 3d edition, 1840; Ewitt's *Materia Medica*, in connection with his *Medical Companion*, 1834; Zollickoffer's *Materia Medica;* Rafinesque's *Medical Botany*, 2 vols. 12mo. 1828; Carpenter's *Materia Medica*, 2d edition, 1833; Togno's *Manual of Materia Medica*, 2d edition, 1838. Several foreign works have been republished in this country, with notes by our physicians, such as Paris's *Pharmacologia*, with notes by Dr. A. W. Ives; Murray's *Materia Medica*, with notes by Beck; Edwards and Vavasseur's *Materia Medica*, with notes by Togno and Durand. Dr. Eli Ives, of New Haven, and Dr. Tully, of the same place, have enriched our periodicals with their communications on this

subject. One of our ablest professors on the Materia Medica, but who has not published much, is Dr. John Delamater, who is now connected with several of our most distinguished medical schools. I deeply regret that I have not been able to procure your late work on the Materia Medica. I have repeatedly sent to New York for it, but have never been able to obtain it. I wish very much to see it. I perceive it is very highly spoken of in our journals.

The limits of this letter, which, at best, must be very much extended, and I fear very tedious to you, will not allow me to enter very minutely into the medicinal properties of many of our indigenous plants. Indeed, this would require a very large volume; and I hope in a few years, and perhaps within a year or two, the Medical Botany of Dr. Lee, of which I spoke to you in my last letter, will make its appearance, and which will supply the desideratum. I cannot, however, refrain from mentioning a few articles or plants, which are in considerable use here, and are considered to be valuable by regular physicians. Among our astringents may be mentioned the Alnus serrulata, Erigeron canadense, Geranium maculatum, Lycopus virginicus, Quercus (of which we have at least twenty-eight species), Sproca tomentosa, the various species of Trillium, &c. &c. An article of mine on the Trilliums is published in the *New England Journal of Medicine and Surgery* for 1823. I may also add that we have valuable cathartics in the Eupatorium perfoliatum, Juglans cinerea, Rhamnus catharticus, Podophyllum peltatum, Rheum (several species), Convolvulus, &c. &c. Emetics in Sanguinaria canadensis, Lobelia inflata (with which the steamers are driving some business), the Apocynum androsæmifolium, Cannabinum, &c. We have no purer demulcents than those obtained from the Ulmus Americana, the Viola ovata (on which I have published an article in the *American Medical Journal* for the year 1834), the Osmunda regalis, &c. &c. Some of our valuable diuretics are the Eupatorium purpureum, Galium aparine and asprellium, Gaultheria procumbens, Mitchella repens, Chimaphila umbellata, and many others, too numerous to mention. I should soon fill my sheet were I to attempt even to name the twentieth part of the medicinal plants growing in this neighborhood. Before closing this, I hope to be able to procure for you a catalogue of the plants growing in Massachusetts, prepared by my friend, Professor Chester Dewey, now residing in the western part of the State of New York. This catalogue was published by order of our State Government. Similar reports have been made and published in the State by the other departments of natural history, but several of them are much fuller. That of Professor Hitchcock on the Geology of the State is now in the press, and will be published in 2 vols. 4to., with 200 engravings, and numerous colored geological maps.

The plant from which the oil of wintergreen is obtained, which you have in the London market, is, undoubtedly, the Gaultheria procumbens, called by the common people Partridge-berry, Chequer-berry, Wintergreen, and various other names. You will find an accurate drawing of it in the second volume of Bigelow's *American Medical Botany.* If you have not that work, one of my daughters will, with pleasure, copy the plant for you, if you should wish. This plant grows in very great abundance in this region of country, and even in this town. Tons of it have been gathered here, and have been distilled in the neighboring town of Ashfield, about fourteen miles west of this place. Independent fortunes have been made in that town by the distillation of this and many other aromatic plants, such as the various species of mint, particularly the peppermint, the golden-rod, Solidaga odora, or virga-aurea. The latter yields a very fragrant oil, very similar in taste and properties to the oil of anise. There are several other plants which bear the name of Wintergreen, such as the Chimaphila umbellata, Mitchella repens, &c., but the Gaultheria procumbens is the only plant which yields the aromatic oil which you have in the London market, or, I believe, which is ever distilled. I think none of the rest are aromatic.

I have made diligent inquiry among my friends in Philadelphia, New York, Boston, and elsewhere, for a work containing a plate representing the manner of extracting turpentine, as practised in Carolina, but, as yet, can find none. I will prosecute the inquiry further, if you wish me to do so. The only works which I know, which mention the methods of procuring it, are the Dispensatories, and particularly the *Eclectic Dispensatory*, published in Philadelphia in 1827. It was formerly obtained in considerable abundance in this town, but our pitch pines are now nearly destroyed.

I am happy to have it in my power to answer your inquiries in relation to the fishes on our coast which yield isinglass, and concerning the method of procuring the cod-liver oil (*oleum jecinoris aselli album-fuscum*). I had seen some accounts of the medicinal properties of the oil before you wrote me, from the *Bulletin Medical Belge*, Janvier, 1838, *Hufeland's Journal*, &c. I believe it is not yet very extensively used as a remedial agent in the United States, though the article *Oleum jecinoris aselli*, in the last edition of Dunglison's *New Remedies*, will doubtless direct the attention of our physicians to it. To that article in that work I must beg leave to direct your attention. It very nearly corresponds with the verbal statements which I have received from gentlemen who have been conversant with the fisheries for many years. I live ninety miles west of Boston, and about eighty miles from the coast, and a pretty extensive correspondence has enabled me to

procure such important information as I think will be satisfactory to you.

I wrote to my friend J. V. C. Smith, M. D., Health Physician of the Port of Boston, and author of *The Fishes of Massachusetts*, in relation to your inquiries, and in reply he has given me the following information: "After many days of inquiry, I have ascertained all the facts in relation to the question you proposed to me the week before last. There are three kinds of oil known to the fishermen, two of which are the kinds probably in medical use in Germany. *First.* The Bank oil, procured from the livers of cod taken on George's Bank. *Second.* Straits of Belle Isle, and *Third.* Shore oil, made up from a mixture of the livers of cod, hake, and other scale fish. The mode of manufacture is as follows: The livers are taken into a hogshead, exposed to the influence of the sun and air during the voyage, and very soon appear to melt down, little and little from day to day, and the oil is dipped off and secured in casks. This is all the process, and this relates to the Bank cod oil. This is regarded an excellent article, a little reddish in tinge. That taken from the livers of cod taken in the Straits of Belle Isle, is prepared precisely in the same manner, and is considered the best known, and has a palish hue. That made from all sorts of liver is poorer in quality, and therefore less valued by dealers in oil." Dr. Smith says the following constitutes all the *essential*, if not all the facts in relation to the preparation of *Isinglass*. "The sounds or air-bladders of the common hake, *Gadus merluccius*, are thrown into water to macerate a very little while, when they are taken out one at a time, and rolled between two iron rollers, which actually elongate each round to half a yard or more in length, like a ribbon. They are then carefully dried, packed, and sent to market. The common cod will yield a poor sort of *isinglass*, but the hake is only known to the extensive manufacturers in this country as fit for this purpose.

Since writing the above, I have received a letter from my friend, Dr. Charles A. Lee, of New York, of which the following is an abstract: "Isinglass, as an article of commerce, is obtained in this country, chiefly from the sounds of the cod (*Morrhua vulgaris*). In Europe, especially in Russia, from which it is chiefly brought, it is obtained from the sturgeon, of which there are four species." He says that "you state that it is obtained in New York from the *Labuss quitique* of Mitchell." (*Mat. Med.*, vol. ii. p. 1384.) This is our "wick fish," the *Stotilhus regalis* of Cuvier. He thinks you are mistaken about this. "Dr. Mitchell only states that he has ate as good *blanc mange* made from the isinglass obtained from this fish as that from the cod. It may, and occasionally is, got from all our small fish, but never as an article of commerce." He says he thinks you are mistaken in saying that

ribbon isinglass is obtained from the *intestines* of the cod. It is always got from the sounds or swimming-bladders, which are nearly pure gelatin.

"As to cod oil," he says, "I have obtained a great deal of very interesting information, which I believe I will write up into an article for Silliman, or somebody else. Our oil merchants deal extensively in fish oils, which are obtained from the livers of the cod, haddock, shark, mackerel, and, in fact, numerous species of fish. The shark liver is particularly productive, and yields several gallons. All this goes under the name of cod oil, or liver oil, though there is also a dog and a manhaden oil, which is from the body of the fish, and not the liver. It is never obtained by boiling, as whale oil is, but always by exposing the livers in tubs to the heat of the sun, or, if the weather is cold, to a moderate artificial heat, when the whole putrefies and melts into oil. This will never happen, I suspect, with the livers of any of the cetaceous tribe of fishes, as the whale, porpoise, &c. Of course there is a good deal of water and mucilage, pieces of membrane, and shreds of fibres contained in the oil, and it is almost always greatly adulterated, containing many extraneous substances, and much water. To such an extent were these frauds carried, that, in 1818, the Legislature of New York passed an act authorizing the inspection of fish oil; and it was in the same year that the celebrated trial took place for selling sperm oil without its having been inspected. The defence set up was, that '*a whale is not a fish*,' and Dr. Mitchell was brought upon the stand to sustain it. He made a great deal of sport, and among other things quoted the first chapter of Genesis, where we are told that God created fish, *and afterwards he created great whales.* The verdict, however, was given to the plaintiff; but at the next session of the Legislature the law was altered so as to include only 'liver oil, commonly called fish oil.' The office became, of consequence, of so little value that the incumbent immediately resigned it. This oil is employed only in softening leather in currying." He thinks you are mistaken in saying (*Mat. Med.*, p. 1386) "that cod oil is obtained from boiling the liver of the fish." None can be got in this way. The pale cod oil you mention, is probably *seal oil* or *elephant oil;* it is not liver oil. This is always *empyreumatic*, and answers to that described by the German pharmacologists under the name of "*Oleum jecinoris aselli fuscum*, seu *empyreumaticum*." He says I may confidently assure you that any other kind than this, which goes under the name of *cod-liver oil*, is spurious.

He says you will find a very interesting account of the mode of obtaining turpentine, and making tar and pitch, in an *Historical Account of the Colonies of South Carolina and Georgia* (vol. ii. pp. 96, 97), printed for A. Donaldson, London, 1779. This work may be found in any of the great public libraries in London. He

thinks your account of the turpentine is certainly very interesting. In the same work (vol. ii. p. 240) you will find a very full account of the manner of cultivating and making indigo. He says he received your great work on the Materia Medica (pages 1440) in December last, and he wrote a review of it for the *New York Medical Journal*, which you will find in the January number. He has there called it the best work extant; and he speaks of you not only as the most learned, but the most judicious practical writer on the subject. Inasmuch as I have mentioned his *Medical Botany* to you, he wishes me to say to you that it lingers on account of the great difficulty and expense of obtaining suitable wood-cuts. He says he believes that he shall have to take Dr. Fralor's advice, and go to England to get them executed. Our wood engravers are wretched. He goes on accumulating material, but the work will not be put to press until the times are more favorable.

I have thus, sir, endeavored to reply to your principal inquiries, and I hope somewhat to your satisfaction. I regret that my limits will not allow me to go more into detail, especially upon the medicinal properties of many of our valuable plants. This, if you please, I will attend to at a future time.

And now, sir, will you permit me to trouble you with a few inquiries in relation to your medical, scientific, and philosophical institutions, in which I have always taken a great interest? I wish particularly to know something more in relation to the Royal Society of England, which I have ever considered to be the most learned society in the world. I would like to know the number of volumes which it has issued, and whether the society is still as efficient as it was in days of yore. We have the *Transactions* of that society in Cambridge College, Massachusetts, in the Boston Athenæum, and in some other libraries in this country; but as I live at a distance from them, I do not often have the pleasure of seeing them. I have Thomson's abridgment of that work in quarto. I am also quite desirous of knowing more about your Linnæan Society, as I have a great fondness for the study of natural history, and particularly of botany, so far as it relates to medicine. Can you give me the names of some of my countrymen who belong to this society? As I do not see the *Transactions*, I should be pleased to see the constitution of it. I wish also to inquire about the Royal College of Physicians and Surgeons, and about the British Association for the promotion of science.

In the United States, some of our most distinguished literary and philosophical societies are the American Philosophical, at Philadelphia, the Philadelphia Academy of Natural Sciences, the American Academy of Arts and Sciences, Boston, the American Antiquarian Society, the Literary and Philosophical Society, of

New York, the Historical Society, of New York, of which I am an honorary member, and the Historical Societies of several States. Recently a National Society, for the promotion of science, has been established at Washington, our seat of government, and another at the new University of the city of New York. Neither of them have been in operation long enough to publish any transactions. The American Philosophical Society has published but nine or ten volumes, in quarto, of its transactions; the American Academy still less; but the Massachusetts Historical Society has published nearly thirty volumes of interesting matter. I might enlarge upon this topic, but I fear I have already written more than you will have patience to read.

In my next, if you should wish, and will inform me to what bookselling house in London to direct, I will send you my *Biographical Memoir of the Rev. John Williams*, first minister of Deerfield, who was settled here in 1686, containing a brief account of the Indian wars in the early settlement of this section of the country, and also some pamphlets, which, perhaps, may be interesting to you. I have recently prepared a volume for the press, upon Medical Jurisprudence, which I have not yet disposed of positively to any of our publishers. Should it be out before I write to you again, I will send it to you. A former edition of my *Catechism of Medical Jurisprudence* it is said has been republished in England and in France. I hope and trust, respected sir, that you will see fit to reply to this soon after its reception. In the meantime I am, dear sir,

Your sincere friend,

STEPHEN W. WILLIAMS.

Doctor Pereira's Reply to the Second Letter.

20 ARTILLERY PLACE, FINSBURY SQUARE, LONDON, March 17, 1841.

MY DEAR SIR: I have this day received your long and interesting letter, for which pray accept my best thanks. As you request me to send you an immediate reply, I do so; but you must, in consequence, be contented with a short letter. Now, therefore, let me at once proceed to notice the different topics of your letter.

1. Your information respecting the additional works on the Materia Medica will be very useful to me. I should be very much obliged for some catalogues of American works on medicine and the collateral sciences, published by your booksellers.

2. Your account of the American plants is exceedingly interesting. I am very much obliged to you for your information respecting the so called oil of wintergreen (Gaultheria procumbens). I shall not fail in my second edition to notice and acknowledge the source of my information.

3. The *American Eclectic Dispensatory* is incidentally mentioned

by you, and is not enumerated in your list of omitted works. Is this accidental, or did you omit it in consequence of it not being an original work?

4. Your information respecting the cod oil is valuable and useful. I will also acknowledge, when I use your information, the source of it. Pray accept my best thanks. Is it possible to procure samples of the different oils? I mean authentic ones of the various oils passing under the name of cod oil. I wish Dr. Lee would publish his paper soon.

5. I am obliged also for the information respecting isinglass, which I shall make use of. Pray give my compliments to Dr. Lee, and tell him I hope he will soon get out his work. If he wants any information as to the cost of wood-cuts, &c., here, I will obtain it for him. Might it not be brought out in numbers? I will endeavor to make it known at all our societies, to the parties most likely to patronize it; but, of course, he must principally rely on the American public for its support.

Many thanks for your offer of Gaultheria procumbens; but though I have not Bigelow's *Medical Botany*, I can see that work, and will not task Miss Williams with making a copy of the plant in question.

I will endeavor to get all the official documents connected with the societies you referred to, and will send them, through Longman's house (who will, by the way, take care of anything for me you may wish to send), to you, to the care of Little & Brown.

Believe me ever yours, faithfully,

JONATHAN PEREIRA.

(TO BE CONTINUED.)

ART. III.—*On some of the Medical Virtues of Indigenous Vegetables grown in the United States.* By ARIEL HUNTON, M. D.

No. 5.

Emetics.

LOBELIA INFLATA, *Indian Tobacco*, is the most useful and safest emetic growing with us. Having previously described this article in the REPORTER, my remarks, in the present case, will be brief.

I use a saturated tincture of proof spirit with pulverized sang. canadensis. Were I wishing to prepare Oi, I should fill a pint vessel with the leaves and capsules of the plant, ʒiv of sang. can. pulv., then fill the vessel with proof spirit, cover close, stand

four days in a warm room, strain with pressure. In the use of this article, a stimulant is indispensable, to obviate the distress it occasionally causes in the stomach, which, I feel confident, is from *direct debility.*

A cup of mint, thoroughwort, or ginger tea, with five grains of capsicum; then add ℥ss of the tincture; mix. Give a teaspoonful once in twenty minutes, or until nausea subsides, if present; give this quantity about four times, then increase the quantity to a tablespoonful or more. After each exhibition, wait until the nausea subsides, if any exists. I aim to have the emetic remain in the stomach about one hour before operating. Drink plentifully of herb tea, or warm water, while taking the emetic. I use this article to equalize the circulation, and excite a healthy action in the secreting organs. Among the qualities of this article, it is an exciter of uterine pains, in lingering obstetrical cases. Give half a teaspoonful of the tincture, in some suitable vehicle, every half hour. I use *this* when there is a strong prejudice against ergot.

Following the above directions, lobelia will operate easily and kindly, and as sure as any other emetic; it equalizes the circulation, excites all the secretions, induces a healthy action, relieves dyspnœa, diminishes pleuritic pains, &c. &c.

VERATRUM VIRIDE, *Indian Poke-root, White Hellebore, &c.*— Much has recently been written in the various medical journals of our country on the medical virtues of this article. I can indorse all I have read on the subject. It is a powerful drastic emetic, and will diminish arterial action as speedily and effectually as any article within my knowledge. I never administer it as an emetic uncombined. In the course of my practice, I have several times been called to patients who have taken it by mistake; no pulse could be discovered at the wrist, death portrayed on every feature, and both patient and friends despaired of life. One case was asthmatic; his wife grated some poke-root, thinking it *arum triphyllum;* it cured the paroxysm. It is a powerful remedy in acute rheumatism, and an effectual sternutatory and discutient, and useful in chronic rheumatism. My friend, Dr. F. W. Adams, of Montpelier, a bold practitioner, gives the saturated tincture in acute rheumatism, in the following manner: Twenty drops first dose; in twenty minutes, forty drops; in twenty minutes more, sixty drops. His observations on the operation were: the patient's

attendants will think him dying; when the operation of the emetic has ceased, it is expected the patient can use his limbs, and is cured. In order to insure a milder operation, I combine forty drops of the tr. with ℥ss of tr. lobelia. Two to three of these emetics will usually perform a cure. This article should be in more general use.

PHYTOLACCA DECANDRA, *Garget—root and berries.*—The name *poke*, with us, is applied to *veratrum viride.*

The root of the phytolacca is a powerful emetic, and in a full dose has a drastic operation as a cathartic; combined with ipecac. or lobelia, is more safe and useful. I usually use it in syrup, as an alterative in glandular swellings and vitiated humors.

A tincture of the root and berries is much used here, in domestic and regular practice, in chronic rheumatism.

The saturated tincture of the root or berries may be taken three times a day, commencing with gtt. xx; increase as the stomach will endure. In this way, it is useful in costive habits and many other ailments.

SANGUINARIA CANADENSIS, *Bloodroot.*—This is one of our best indigenous remedies, and is, in *this vicinity*, in constant use with the faculty.

It is an irritating emetic, an alterative, anti-asthmatic; very useful in croup, cynanche tonsillaris, and in all diseases of the throat. A pinch of the powder, sprinkled in the throat every half hour, will arrest an inflammation of the tonsils in the incipient stage, and prevent maturation.

I usually combine some other article with sanguinaria, when used as an emetic, in consequence of its irritating properties. This property will facilitate the operation of other emetics, when the stomach is inactive, as in lung fever with children, when it is very difficult or impossible to cause emesis with ipecac. Combine the tr. sang., and you will readily produce vomiting, to the great relief of the little sufferer. The pulverized root, snuffed or blown up the nostril, will cure a recent polypus. If of long standing, add some alum; and this is useful to apply to an open cancer. It is an ingredient in most of the sternutatory snuffs. It is also much used as an escharotic to fungous surfaces.

SERRATULA ARVENSIS, *Canada Thistle.*—The root of this plant is emetic and alterative; useful in hooping-cough. A strong de-

coction of the root given to a child affected with this disease, so as to induce full vomiting, will mitigate the cough in about four out of six, and the disease will be less troublesome through the term. When the hooping-cough is epidemic, I suggest the use of this article, and have seen marked good effects from its use for over thirty years.

DIRCA PALUSTRIS, *Leatherwood.*—The bark is very tough, and used for strings. It is by some called Wicopy.

The bark of this shrub has a biting, stimulating taste; will inflame the skin when applied to it; is a powerful emetic. The most knowledge I have of its operation, is where persons have chewed the bark, unconscious of its effect, and caused emesis.

An article of such great activity should be further investigated.

Cathartics.

JUGLANS CINEREA, *Butternut.*—This is the best, and only reliable cathartic indigenous in this vicinity. The extract of the inner bark is used alone, or compounded with other articles as a cathartic or laxative in costive habits. It does not, like many other articles, leave the bowels in a constipated state.

In compounding other articles with the juglans, when the extract is of the consistence of tar, I stir in jalap, or aloes, and ginger as a carminative; it thus operates more powerfully and kindly.

It is stated, and *justly*, that several cathartics combined, operate more effectually than either separately. The addition of a carminative is a useful ingredient to any cathartic.

The inner bark of the sprouts or twigs, scraped fine with a knife, is as powerful a stimulant or counter-irritant, applied to the skin, as any article I ever used of vegetable origin. It will vesicate.

Two or three pills of the compound extract, as above, will usually operate kindly and effectually.

RHEUM RHAPONTICUM, *Pie-Rhubarb* (exotic).—This article is cultivated in our gardens, and is considerably used in domestic practice. Not used much by the faculty.

PODOPHYLLUM PELTATUM does not grow with us.

SAMBUCUS NIGRA, or CANADENSIS.—The flowers, berries, bark, and root, are all possessed of cathartic or laxative properties, more especially the root, which I use in an alterative syrup, espe-

cially in costive habits; the flowers are the laxative I order for infant children. I am averse to drugging them when they first come to see us.

IRIS VERSICOLOR, *Blue Flag.*—The root in a green state is possessed of cathartic, emetic, diuretic, and discutient properties, and is a valuable ingredient in the following recipe.

CARDUUS (probably) MAGNUS, the largest thistle growing with us, is by the people called *Bull Thistle.* The root has cathartic properties.

RECIPE.

A powerful vegetable discutient ointment.

To discuss phlegmonous or chronic tumors, particularly inflamed mammæ.

Chronic rheumatism may be promptly relieved by its application.

I have used this article more than thirty years, and can pronounce it a powerful and effectual article.

I obtained the recipe, surreptitiously, from a so-called Indian doctor:—

℞.—Phytolacca decandra, rad. (recent); iris versicolor, rad. (recent); blue-berried dogwood (*cornus circinata*), cort. (recent), ää ℥ii. Bruise and simmer in lard ℔i; strain.

HYDE PARK, VERMONT, *Dec.* 1854.

BIOGRAPHY.

ART. IV.—*Biographical Sketch of James Moultrie, M. D.,* of Charleston, S. C.

THE subject of this memoir was born in the city of Charleston, State of South Carolina, on the twenty-seventh day of March, seventeen hundred and ninety-three. The names of his ancestry are honorably recorded in the revolutionary as well as medical history of the country. He is the fourth, in four successive generations, who gave themselves to the vocation of medicine. He received the early portion of his preliminary education at home, the late in England, at the town of Hammersmith, then not far distant from London, under the direction of its eminent Principal,

who had been an inmate and private tutor in his grandfather's family.

This school, which was one of the best in that vicinity, had many scholars, living within a campus, and subject to a discipline analogous to our own colleges; the branches of education taught therein being the ancient classics, the French and Italian languages, mathematics, drawing and painting, music and dancing. Besides these, it was the usage of the principal frequently to take with him to London members of the higher classes, to attend the public lectures on astronomy and other kindred subjects, at which he delighted to be present also.

It was the misfortune of young Moultrie, however, to have been under the necessity of leaving England, soon after the finishing classes had entered upon the concluding term of discipline, in which the members were chiefly occupied in recapitulations, and the further exercises of translating extemporaneously, from one language into another, from Latin chiefly into French, and *vice versa*, as well as into English, under the oral diction of the head of the school, in consequence of the encounter between the Chesapeake and Leopard, and the apprehended difficulties which eventuated in the war of 1812. This was felt by him as a severe calamity, occurring, as it did, at so important a period of life, and so likely, for that reason, to be irretrievable. His return took place in the autumn of 1808.

On his arrival in Charleston, a commission was procured for him as a cadet at West Point, and preparations entered upon to enable him to effect an early entrance into that seminary; but, other and perhaps wiser counsels prevailed. A personal preference having been expressed for medicine, the profession of his progenitors, he at once entered the medical office of the firm of Barron and Wilson, two distinguished practitioners of that day, and commenced reading the *Edinburgh Pharmacopœia*, *Materia Medica*, and *First Lines* of Cullen, together with the compounding of formulas and prescriptions. About a year after, he left them and went to the Marine Hospital, where he became a pupil of Dr. Geo. Hall, for the purpose of enjoying the further advantages of clinical instruction, post-mortem examinations, and anatomical dissections; and of simultaneously attending a private infirmary, for people of color, established by the same individual, jointly with Dr. Thos. Akin.

The winters of 1810–11 and 1811–12 were spent in Philadelphia, in attendance on the lectures, in the time-honored University of Philadelphia. At the end of the second season, he graduated, and immediately returned to the scene of his future labors.

His father, having declined in health, and being no longer able to discharge the duties of the office which he had long held as Port Physician, and Physician to the Jail, as well as Magazine Guard, consisting of a small body of State troops, organized for the protection of the State ammunition, that appointment, through the agency of a patron, was conferred upon him by the then Governor of the State, Jos. Alston; an honor and a position which he continued to enjoy and to hold for many years. Hostilities, too, between Great Britain and the United States having actually commenced, and the State of South Carolina having been under the necessity of organizing two regiments of infantry and a battalion of artillery, under the orders of the General Government, the post of surgeon, in a civil capacity, to the latter, was tendered him and accepted, until that vacancy could be regularly filled. This condition, however, was never fulfilled, and he continued in the discharge of the obligations incident to the trust, until the end of the war, when the troops returned to their homes. During the encampment, which was in a place subject to the influence of malaria, the members of the battalion suffered, in common with those of the regiments, with fevers, dysentery, and pneumonia; but it was their good fortune, nevertheless, to retire from the field without having occasion to lament the loss of a single comrade. His intimacy, too, with the members of the profession in charge of the two adjacent regiments, afforded him daily opportunity of witnessing, and often of assisting in their practice, a privilege of which he frequently availed himself, thereby enlarging the sphere of his experience, and of preparing for his future duties.

During the same period, as well as afterwards, his visits to the Marine Hospital were uninterrupted, and the duties of the incumbent often performed for him for considerable periods of time; in one instance this lasted for a year. Connected with it was the enjoyment of other advantages besides the clinics; the study of pathology, and permission to use the operative room for dissections in anatomy and the delivery of lectures. These opportunities were accordingly so employed for several seasons, in the

presence, and with the aid of a reputable class, and for the sole purpose of self-instruction and improvement; it being often necessary for him, at midnight, to contribute his personal exertions in procuring the subjects necessary for that purpose the next day.

At the close of the war, accruing embarrassments having rendered necessary the transference of much property, during the course of that transference, the prisoners of war, who were accommodated in jail, gave place to inmates of a different color; and the smallpox having subsequently and unexpectedly made its appearance, opened a new scene of observation, which tended to augment the summation of his experience. A similar opportunity was also afforded, some time later, at the Lazaretto. Such was the general character of his initiation into the responsibilities of his profession.

In 1812, shortly after his return from the University, he was admitted a member of the Medical Society of South Carolina; and after serving in immediate succession, for the term of two years each, as Secretary, Treasurer, and Vice-President, he was unanimously elected, in 1821, President of the same, and again in 1822. During the second year of his service, the idea of the establishment of a Medical College in the metropolis having been seriously entertained by the Society, yet failing to prepare for its execution in time for the meeting of the legislature, which was actually in session, and apprehending from a similar entertainment at the Capitol, the establishment of that institution, either exclusively in the latter place, or as a school divided between the two municipalities, an extra meeting was suddenly called by those immediately interested, and the President requested to draw up, by the next day, a suitable memorial. That memorial was prepared, and at the adjourned meeting unanimously adopted and forwarded. It had the effect of preventing the evils which were deprecated, though it failed to secure to the memorialists the principal objects had in view. It contained, a *sine qua non* for the erection of a suitable edifice, a petition for money: a condition which the judgments of the legislators were not willing to accord. The next year, however, on a renewal of the memorial, which was drawn up by Samuel Henry Dickson, M.D., now Professor of the Institutes and Practice in the Medical College of the State of South Carolina, in which the frustrative feature was omitted, an

act of incorporation was unhesitatingly granted, and the professors being elected by the Society, the College went into instantaneous operation. Dr. Moultrie was expected to assume the professorship of Anatomy, but declined, the reasons for which are not necessary to be detailed. On a second occasion, however, in which the Faculty of the College were induced to apply for another act of incorporation, and the Medical College of the State of South Carolina was instituted, being invited to unite with that body, as Professor of Physiology, in their renewed adventure, and those reasonings no longer obtaining, he instantly accepted the invitation, and has been associated with them ever since, in effecting the ends had in view.

Through his exertions, in a great degree, was formed the Medical Association of the State of South Carolina, the organization of which was recommended by the American Medical Association, at its own organization, in 1847, in Philadelphia, on which occasion he was elected one of its Vice-Presidents.

At the meeting of the American Medical Association, in May, 1850, in Charleston, Dr. Moultrie was unanimously elected President. His speech, on being inducted to the chair, was strikingly neat and appropriate. He presided with great dignity; and at its subsequent meeting in Richmond, read the annual address, which it is the custom of each retiring officer to deliver to the Association. His paper contains many important and valuable suggestions, relative to the constitution, functions, duties, and influences of that body, and deserves a careful reading by every member of that great national institution.

The success attendant upon the early lectures of the Faculty in the first school, having obtained from the legislature the boon which had primarily been asked in vain, and further assistance from the city council, it enabled them to erect a suitable edifice, and which was ready for the accommodation of the class in 1829. On the occasion of its opening, which was a public one, the inaugural address was delivered by the venerable Stephen Elliot, Professor of Natural History, and a member of the Faculty. It was the last of his literary efforts, he having died in the course of the ensuing spring, not long after the close of the college session. Shortly after it, Professor Moultrie received a joint application from the Faculty of the College, and the Philosophical

Society of Charleston, of which the deceased had been chief founder and perpetual President, to deliver an eulogium at the next reopening of the institution, which, on the arrival of that event, was again made a public one. The honor was wholly unexpected, but the appointment was accepted, and the duties of the trust feelingly and faithfully discharged. This address is perhaps the most elegant and chaste of all the compositions of Dr. Moultrie. While it avoids, with perfect good taste, the exaggerated language of fulsome eulogy, or indiscriminate admiration, it is full of the gentle and melancholy feeling which the occasion was adapted to call forth; and sketches with great nicety and proper appreciation the character and merits of the lamented dead, while it dwells upon the loss sustained by society in the removal of so distinguished and successful a cultivator of the natural sciences.

It has been his melancholy gratification to have been on two other occasions called on to perform a like task before the Medical Society of Charleston; one, a former preceptor, and second member of the firm, with whom he commenced his medical studies; the other, a promising young member of the profession, and *quondam* pupil; on both of which occasions, the sad duty was acceptably discharged.

In 1836, by appointment of the South Carolina Society for the Advancement of Learning, he delivered in the legislative hall at the Capitol in Columbia, before that body, the adjourned legislature, and a miscellaneous assemblage, an elaborate Essay on the State of Medical Education in South Carolina, which was printed by the Society, and appeared as the 3d number of a series of similar papers.

His account of the fossil fragments of the cranium of the celebrated Guadaloupe skeleton, identifies that relic with the headless trunk from the same region, in the British Museum; and determines the question as to the ethnological relations to which the individual originally belonged.

A paper on the Uses of the Lymph, published in the 1st volume of the *American Medical Journal*, deserves our special mention. In this essay, Dr. Moultrie has carried out successfully, and as it seems to us to very important results, a suggestion, perhaps first made, and then carelessly and incidentally as it were by Blumenbach, that "the vital principle of the blood appears

immediately to reside in its lymphatic portion." Reasoning with much ingenuity and in full detail from the data accumulated by physiologists, he establishes on firm and satisfactory grounds several deductions, since that time generally received by the profession, among them the wide distinction, almost contrast, between the venous functions and the lymphatics; and clearly pointing out the several "offices or uses of the lymph," viz: "to vivify the chyle;" "to augment the animalization of the arterial blood; and lastly, to produce all those effects which constitute the phenomena of reproduction, adhesion, &c."

It is sufficient, but perfectly just praise of this admirable paper to say that nothing has been added to our knowledge of the subject since the date at which it was offered to the profession, nearly thirty years ago.

During a long life of devotion to the profession of his early choice, Dr. Moultrie has enjoyed in a remarkable degree the confidence of his professional brethren, and of the community among whom he resides. Always observant of the strictest etiquette, his manners are easy and agreeable. His practice has been large and successful, and his patients have loved him as warmly in his quality of sympathizing friend, as they esteem him in his character of physician.

He is a member of the Unitarian Church, and for a long time presided over it as chief officer of the congregation. No one of its members has done more to advance its interests, and no one enjoys a larger share of its respectful regard.

In the political contests, of which neither his name nor his social position permitted him to shrink from taking his share, he has retained the good will of all parties, while maintaining firmly his opinions as a moderate opponent of all ultra doctrines, and an advocate of the true rights of the States, and the infinite value of the Union.

In the professor's chair, he is distinguished as a profound thinker, and, as a teacher, has fully instructed himself in the farthest progress of the department of physiology. His lectures abound in minute analysis, and close and logical deduction, which he enforces graphically by physical and material demonstrations; by drawings and diagrams well conceived and adapted to the

purpose of illustrating topics so frequently difficult and obscure to classes imperfectly prepared and promiscuously collected.

But his studies and researches have not been restricted to the specialties of the profession. He has gradually accumulated a well selected and well arranged library of several thousand volumes, relating to the varied departments of human knowledge, which constitutes one of the chief ornaments of his dwelling, the indices and pencillings of which, under his own hand, attest the uses which have been made of it.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. V.—*Extracts from the Minutes of the New York Pathological Society.*

Nov. 8, 1854.

DR. COCK exhibited a specimen of cancer of the cerebellum, taken from a colored child aged 2 years. Three children had died before it, one with tuberculous meningitis, the others with tuberculous disease of the lungs. The day after the death of a brother, the child was seized with a convulsion which was not of long continuance. Renewed attacks of convulsions soon occurred, the child becoming sick at the stomach, and losing the use of its limbs. His health failed at the end of two months, and for the last six months of his life he was bedridden. His bowels were constipated. At the examination of the brain, P. M., the lateral ventricles were found to contain from ℥iv to ℥v of limpid serum each. The cerebellum was strongly adherent on the right side to the tentorium. In removing it, a portion of the cerebellum remained adherent to the dura mater. There was a softened mass of cerebriform matter as large as a hen's egg. Microscopical examination did not settle definitely the character of the tumor, though Dr. Clark inclined to the belief that it was cancerous. The lungs were studded with pulmonary tubercle.

DR. CLARK exhibited the œsophagus of a man who had died at Bellevue Hospital. He had been there a long time, slowly emaciating. He experienced difficulty in deglutition, a *little* food being generally rejected, as if it had passed down to some obstruction, and had come away without entering the stomach. There had been inability to take any solid food for three months, until within a few days of death, when a probang being passed down the œsophagus, an impediment was felt to give way before the

pressure, at the distance of six or seven inches from the mouth. After this the patient swallowed more easily until death. At the examination, post-mortem, a cheesy mass was found attached to the œsophagus, below the clavicle, resembling cancer. Under the microscope it appeared to be composed largely of epithelium. There was another tumor on the outside of the stomach, of the same material. The mesenteric glands were somewhat enlarged, white, and hardened. They were probably tuberculous.

Dr. Stevens stated, as the result of his observation, that he had always found organic stricture of the œsophagus to be malignant. Also all organic strictures of the colon, and that he had never known a stricture of the *small* intestine.

Dr. Buck had seen two cases of stricture of œsophagus in the past month. Both were in its upper part, and both involved the larynx. Both were malignant.

Dr. Schilling had seen a case of stricture of the œsophagus not malignant.

Dr. White had seen a case treated twenty years since. The patient still lives.

Dr. Wood's experience confirms Dr. Stevens' opinion.

Dr. Clark mentioned a case of great contraction of the stomach and œsophagus from drinking sulphuric acid. He thinks that stricture of the œsophagus is generally malignant. He also thinks that more than one specimen of malignant stricture of the small intestine has been presented to this Society, and states that Cruveilhier also represents, in a plate, a malignant stricture of the small intestine.

Dr. E. H. Parker exhibited the brain of a man about sixty years old. He was admitted to one of our charitable institutions early last August, and was then suffering from delirium tremens. The usual treatment of the institution, consisting chiefly in the use of opium, was adopted, and he recovered so far as to recognize his medical attendant as having had the charge of him previously. His appetite returned, and he slept naturally, and was considered as fairly convalescent. Paralysis, especially of the lower extremities, began to manifest itself, which increased till his urine was discharged involuntarily, and his limbs became entirely inactive. The paralysis increased, till, during the last few days of his life, he lay in a state of almost complete insensibility, his breathing being slow and stertorous. Upon opening the cranium eighteen hours after death, an uncertain quantity of bloody serum escaped; otherwise the brain presented the appearances still manifest. The dura mater on the left side was thickened, and presented in its substance a bright red spot, appearing like a stain, but which, by its great thickness and marked edge, indicated the presence of a coagulum of effused blood. The centre of this cut was about two inches from the median line of

the brain, and in a position corresponding to the top of the head when the parts were in their natural position. The size of this spot was a little greater than that of a quarter of a dollar. The dura mater of the right side was similarly thickened, but there was found lying between it and the surface of the brain a large clot about six inches in length, four in width, and half an inch in thickness, in its middle, where it was the thickest. Its general shape was oval. From what vessel the blood came was not clear, only it had not come from those of the brain, as was evident in raising the clot. The freshest coagulation was at a point corresponding to the position of the smaller cut on the other side. In the lateral ventricles there was found about a drachm of serum in each, together with small vesicles in the choroid plexus. The substance of the brain appeared to be of a natural consistence. On the top of each hemisphere there were evidences of meningitis and effusion of lymph, to a greater or less degree, over a space as large as the palm of the hand. Dr. Parker remarked that the case was interesting, as being a sequent to delirium tremens, and one of the few instances where, after this disease, there was evidence of an increased amount of blood in the brain. It was more interesting, however, as a specimen of idiopathic apoplexy in this position, between the dura mater and the surface of the brain; a very rare occurrence: the only doubt as to its being proven such a case arose from the possibility of an injury having been inflicted, either by a blow or fall. There was, however, no post-mortem appearance of any violence, and the whole history of the case showed that there had been none. If any had occurred, it must have been from a fall, and then the effusion would have been further posterior. A blow could only have been inflicted previously to his admission; and his recovery from his delirium, together with the appearance of the clot, showed that the effusion was not of so long standing as three months, which, on the supposition of external violence, must have been its age.

The Society then passed to the discussion of the pathology and treatment of cholera—the special order for the evening.

Dr. Clark stated the most common manifestation of the cholera poison to be a change of the mucous membrane of the intestinal canal allied to inflammation. These changes, which sometimes consist merely of congestion of the membranes, often proceed to denuding of the epithelial coat to ulceration and sloughing, and exist sometimes in the upper part, sometimes in the lower part of the intestinal canal. This statement was supported by the exhibition of dried and recent specimens of small intestine, removed from persons dying of cholera. The mucous membrane was in all cases congested, and Peyer's patches were vascular, and in some cases ulcerated. Dr. Clark supported this view more fully by adducing the result of the researches of M.

Perigoff, whose plates, representing the changes in detail after nature, he exhibited. These changes are considered by Cruveilhier as inflammatory. But we must look behind them for the causes of the disease itself. It depends probably on some change in the nerves, and the influence probably proceeds from the ganglionic system. It may be considered that a substantial external poison floating in the air is carried by the blood to the ganglionic nervous system, producing changes in the nervous system which are immediately reflected on the intestinal canal.

Dr. STEVENS questions if there be a poison added to the air, otherwise he confirms Dr. Clark's opinion.

Dr. BATCHELDER inquired how the absence of any of the sequelæ of inflammation could be accounted for if cholera was an inflammatory disease?

Dr. SCHILLING stated, as about the result of fifty *post-mortem* examinations, that he had seen every sign of inflammation in the lining membrane of the intestinal canal of persons dying of cholera, and in addition to the appearances described by M. Perigoff, he had frequently noticed white exudations on the serous membranes.

Dr. HUTCHINSON said the treatment of cholera found most beneficial in the hospital under his charge in Brooklyn consisted, in the first place, of an emetic dose of solution of common salt or mustard if nausea or vomiting was present. In a majority of cases, this would quiet the stomach, so that nutriment and other remedies were well retained. If the stomach was not quieted in this way, no remedies seemed to have any influence in producing this effect; large doses of calomel, effervescing draught, creasote, pounded ice, lime-water, and milk, and, indeed, all other remedies commonly used for this purpose, alike failing. Very obstinate vomiting was observed, more especially in females; and in those obstinate cases the matter discharged was of a bright green color, very slightly acid to test paper, or quite as often neutral, and no bile indicated by the usual tests. After the action of the emetic, one grain of calomel was given every hour, and continued until twelve or fifteen grains were taken. The rice-water discharges would gradually become less frequent and copious, and bile would usually begin to appear after ten or twelve doses of calomel. Beef-tea was administered *pro re nata*, an epispastic was almost immediately applied over the abdomen, and the hot air bath was, in many cases, a valuable adjunct. In the early part of the epidemic, stimulants were freely used: but so small a proportion of these cases recovered in which they were supposed to be indicated and consequently administered, that they were abandoned. A great variety of remedies were tested, but none were found so satisfactory as those mentioned. Opiates and astringents were allowed in a few cases only by way of experiment. Vomiting

and purging, especially when the discharges were of the rice-water nature, were regarded as favorable symptoms, and, indeed, whenever a patient was admitted with those symptoms, if the alvine discharges were not involuntary, no matter how copious, his recovery was predicted with great certainty. In cases attended with a thin, yellowish, or light brown discharges, the prognosis was more grave. In those cases marked by obstinate vomiting, all remedies were withdrawn, even when there was blueness of the surface, its temperature much depressed, and the pulse scarcely perceptible, and the patient allowed to rest quietly for twelve or fifteen hours, when the stomach would become quieted so as to retain nourishment, and convalescence soon follow. This let-alone practice was also adopted in some cases of profound collapse, which were regarded beyond the reach of remedies, and with the happiest effects. This, he thinks, is the most valuable experience obtained in the Brooklyn Cholera Hospital. The mortality in those cases admitted before the stage of complete collapse was reached, amounted to 5.88 per cent. Of those admitted in complete collapse, 82 per cent. terminated fatally. 28 per cent. of this class of cases reacted and died of consecutive diseases, chiefly of congestion of the brain, in the early part of the epidemic, and dysentery towards its close. The whole number of cholera cases admitted was 144.

REGULAR MEETING, NOV. 22, '54.

Dr. CLARK exhibited two kidneys affected by Bright's disease. The one in an early stage enlarged, weighing seven and a half ounces, and fatty; the other small, one-half the tubes healthy, and fibrous tissue abounding. The liver in the last patient seemed to be atrophied; but on microscopical examination an excess of fibrous tissue was shown. Dr. Clark thought that this element had probably been in excess in such other specimens of *apparent* atrophy of the liver as had come under his notice, as in the absence of microscopical examination, simple atrophy could not be presumed.

Dr. SCHILLING thought that the increased amount of Bright's disease of the kidney was due in some degree to choleric influences.

Dr. CLARK exhibited a portion of intestine from a man who had cholera two months before death. He was discharged from the hospital with slight diarrhœa, which grew gradually worse until death. The whole colon was the seat of the most intense inflammatory action. There were numerous patches of ulceration. There was no healthy portion of the intestine from the anus to the ilio-cœcal valve. But the inflammatory action had also extended several feet along the small intestine. Here were small ulcerations, and the mucous membrane was injected. The in-

flamed surface of the small intestine was completely covered by a diphtheritic exudation.

Dr. Moss exhibited a specimen of a fracture of the cartilages of the seventh and eighth ribs, one of them united by bone; the lacunæ and tubuli of bone being seen under the microscope.

Dr. Bauer presented a specimen of fatty liver from an intemperate patient; the liver was much enlarged. The kidneys were affected with Bright's disease. The spleen was of half the normal size.

Dr. Dalton did some experiments showing the peculiar manner in which gastric juice, when present in a saccharine fluid, modifies the action of Trommer's test for grape sugar. When grape sugar or honey is dissolved in water, the addition of a drop or two of a solution of sulphate of copper, followed by an excess of liquor potassæ, produces a transparent blue solution, which, on boiling, becomes yellow and opaque from the deposit of an abundance of the insoluble suboxide of copper. If the honey, however, be dissolved in gastric juice, the addition of sulphate of copper and caustic potass produces a solution of a purple color instead of a blue, which, on boiling, changes to yellow, but at the same time remains perfectly clear, the suboxide of copper being apparently produced as usual, but being retained in solution instead of being deposited as a precipitate. Gastric juice has this effect, though the honey be present in very large proportion. A mixture of the two in equal volumes, for example, does not precipitate the copper when tried immediately with Trommer's test, but if it be diluted beforehand with water, the yellow suboxide is deposited as in any ordinary fluid. Though the copper is not usually precipitated by Trommer's test from gastric juice containing grape sugar, yet the change of color from purple to yellow, which takes place in boiling, is an equally good indication of sugar when it is present in large as moderate quantity; but when present in minute quantity, say one-sixteenth of a drop of honey to the drachm of gastric juice, the purple color does not change on boiling, and the test is entirely interfered with.

Dr. Conant, who was present by invitation to take part in the discussion of cholera, presented three stomachs of cholera patients, and a pituitary body, and then gave the following report of the management of the hospital over which he had charge during the past epidemic. The Mott Street Cholera Hospital was opened July 21st, was ready to receive patients the 24th, and received the first one on the morning of the 25th; during the season, three hundred and twenty-nine were admitted, of whom 154 died, 175 recovered. Dr. C. made 104 *post-mortem* examinations, and found the appearances so similar in all, that he considers the pathological state peculiar to cholera may be looked for with as much confidence as that of any other disease. What the material poison is

that produces the disease, he does not pretend to say, whether it is the cholera fly, bug, miasma, or contagion (he has seen no evidence of contagion), but believes the poison to be engendered and perpetuated in proportion to the amount of material it has to work upon in certain districts and localities. Diarrhœa, which patients are frequently troubled with two or three days previous to an attack, he does not believe as dependent upon the choleraic poison, but rather to be accidental, to which all are more or less liable during those months in which cholera usually prevails. He believes all to be under the influence of the material poison, but that it requires some depressing agent to bring the vital powers within the control of that poison. That it matters little whether it is diarrhœa, fear, or any other agent which acts directly to exhaust the nerve force; hence, in very many cases, we have no diarrhœa, except so much as is required to empty the bowels of the bilious matter they contain. Dr. C. believes the peculiar poison acts directly upon the ganglionic system of nerves; that the functions of the sympathetic are paralyzed, and for the time almost totally destroyed, so that no organ depending upon this system performs its functions regularly, and those most dependent upon it least of all—these being the stomach and duodenum. The capillaries are deprived of their irritability, hence they become dilated; and, by the process of transudation, the fluids of the blood are thrown into the stomach and duodenum in fearful quantities. The watery portions of the blood being thrown out, the blood becomes thickened, the muscular capillaries are obstructed, and by diastaltic action the muscles contract spasmodically to assist their capillaries in carrying on the circulation. The kidneys cease to act, perhaps for the want of serum to wash out the uriniferous tubes. The general tendency of circulation is toward the stomach and duodenum, hence, the collapsed state of the cutaneous capillaries. The *post-mortem* examinations were generally made a few hours after death. Externally, face contracted, eyes sunken, pupils slightly dilated, skin blue and shrivelled, especially on the hands, face, and scrotum of the male. *Thorax.*—Pleura-pulmonalis covered with a peculiar slimy deposit, as though the result of the absorption of fluids natural to the parts. Hypostatic congestion of the lungs usually well marked; pericardium slightly moistened upon the apex of the heart, and also upon the anterior portion of the lung are occasionally found small patches of ecchymosis. *Abdomen.*—Peritoneum usually congested, except that portion covering the stomach and upper part of the alimentary canal, where it was quite pale. Peritoneum in all cases very dry; spleen and pancreas usually quite natural; kidneys appear as if injected by mechanical force; mucous membrane of stomach has a peculiar par-boiled appearance, is soft and rolled up in large rugæ, as if by contraction of the muscular coat, with patches of

congestion in most cases, but with no appearance of inflammation. Mucous membrane of œsophagus light colored, extending about half an inch into the stomach, where line of demarcation was quite distinct. Pyloric extremity of stomach usually almost entirely closed by the large folds of mucous membrane. Valvulæ conniventes of duodenum quite large. Mucous membrane of jejunum slightly congested, congestion increasing to ileo-cœcal valve. Mucous membrane of colon not having any appearance of disease. The entire alimentary canal is generally somewhat contracted. Liver of normal size, often presenting lightish spots on various parts, and full of black blood. Gall-bladder almost universally filled with dark bile, except in two instances, when it was filled with a watery substance resembling bile only in taste. The obstruction to the flow of bile seems to be entirely mechanical from contraction of muscular coat of duodenum. Urinary bladder contracted to the size of a hen's egg, and always very firm. *Brain.*—The meningeal veins were found much distended with dark blood. There was usually a large quantity of serum in the ventricles and around the brain. The cerebral arachnoid seemed in some instances to be œdematous, presenting a peculiar lightish, opaque appearance. The vessels around the medulla oblongata were filled with blood, more red than that in other parts of the brain. Upon dissecting the brain, its substance seemed to contain more blood than usual. No other pathological condition found until the pituitary body was reached. *This was invariably found more or less hardened*, in some cases so hard as to be with difficulty mashed between the thumb and finger.

Dr. Conant thinks if this organ can be proved to be the great centre of sympathetic action, as Solly and some others are inclined to believe, that cholera is proved to be a disease of the sympathetic system, and *vice versâ*. No pathological condition was found in the abdominal ganglia of the sympathetic, so far as examined.

Dr. Conant's treatment was as follows: If the patient was brought in before the bilious matter was entirely evacuated, three grains of acetate of lead and one of opium were given every hour or two; if this failed, or the patient was vomiting and purging, rice-water when admitted, calomel three grains, opium two grains, and creasote two drops, were given as the case demanded. External applications of mustard, &c., were always used. Hot drinks were given in preference to cold. With this treatment reaction was mild, and recovery was predicted with confidence, unless the patient had passed the stage of vomiting and purging. After this stage, calomel and rhubarb, five grains each, were given every three hours. And to patients in this stage, hot drinks seemed peculiarly grateful. As stimulants, beef-tea and brandy were chiefly relied on. But believing that the mucous membrane of

the stomach was in a condition to throw out rather than to absorb fluids, Dr. Conant was in the habit of giving tonics and stimulants by injection into the rectum, and in this way he found them to act more promptly. If the patient was admitted apparently moribund, very little medication was resorted to. From a careful inquiry, which was instituted in all cases, it was found that more were attacked in the morning, from one to three o'clock, than at any other time; and, on looking over the deaths, it is found that more died at about two o'clock P. M., than at any other hour.

Dr. Conant added some statements from his statistical report, published in the November (1854) number of the *American Medical Monthly*.

Dr. Clark thought we needed a better explanation than any we had for the condition in which the gall-bladder was generally found in post-mortem examinations after cholera.

Dr. Hutchison remarked that there was one remarkable post-mortem phenomenon peculiar to cholera, to which allusion had not been made, although it had frequently been observed, viz: the rise of animal heat in the body after death. He had in one case observed the temperature of the pelvic cavity to be 104° Fahr. three hours after death, while the temperature of the atmosphere was 83°. In another case, the temperature of the axilla was 104° one hour after death when the temperature of the atmosphere was 87°, and six hours after death the pelvic cavity of the same subject gave a temperature of 107°, while the atmosphere was at 80°. Dr. H. also mentioned a case observed fourteen hours and a half before death, in which the temperature of the mouth was 78°, axilla 92°, side of the abdomen 49°, calf of leg 87°, vulva 49°; and, four hours and a half after death, the side of the chest gave a temperature of 94°, atmosphere 85°. Dr. Hutchison remarked that this phenomenon was not a novelty—it had often been noticed; but it was now brought up with the hope that, if any gentleman present had investigated the cause, he would be able to offer us a rational explanation.

Dr. Hutchison stated that he had frequently observed the blanched appearance of the external surface of the stomach and bowels of patients who had died of cholera, which was mentioned at the last meeting by Dr. Clark. He had also noticed the inflammatory appearances of the intestinal mucous membrane, but had ascribed it simply to a venous stasis of the blood, because inflammatory effusions and other sequelæ of inflammation were absent, and in many cases, also, this injected condition of the capillaries was wanting. Dr. H. also referred to an experiment made by Magendie, which consisted of the injection of an aqueous fluid into the intestinal arteries of cholera subjects, whose intestinal mucous membrane presented the reddened appearance alluded to, with the effect of bringing away the blood and leaving

the intestine clear and white, which he thinks could not have been the case, if the organic changes always resulting from inflammation had taken place.

DECEMBER 13, 1854.

Dr. SAYRE exhibited, for Dr. Murdock, a mass of inspissated mucus, the size of a small filbert, which had threatened suffocation to a child of fourteen months, for the relief of which tracheotomy had been performed. The accretion was removed, but the child sank in a few hours. On examination, *post mortem*, both lungs, with the exception of the middle lobe of the right, presented the appearance of pneumonia in the second stage, probably caused by the congestion dependent on imperfect aeration of the blood. No foreign body was found in the larynx, trachea, or bronchi.

Dr. BATCHELDER thought laryngotomy preferable to tracheotomy, as in the former case the introduction of a tube is avoided.

Dr. FINNELL exhibited the femoral artery of a man, with the following history: Six weeks before death, a swelling was noticed at the inner portion of the thigh, the pain of which caused him to take to his bed at the end of a week. The swelling increased. The surgeon in attendance made a deep incision into the tumor, but no pus escaped, and the swelling rather increased; there was, however, a good deal of hemorrhage. In consultation, the swelling was pronounced a malignant fungoid tumor, and amputation was recommended: consent, however, could not be obtained. The next day the femoral artery was tied, which checked the hemorrhage; and the size of the limb diminished, until, on the third day afterwards, it was nearly of the natural size. The patient became pale and exhausted, with the pulse at 130 per minute. The sac suppurated freely, and, three weeks after the operation, the patient died. The autopsy showed the lower third of the femur bare. It was evident that the periostitis of commencing necrosis had caused the pain and the first swelling. The incision had cut a branch of the femoral artery, and the effusion of blood into the cellular tissue caused an increase of swelling.

Dr. EMMET exhibited an unusually large case of calcification on the surface of the pericardium. The patient, aged nineteen, had died at Ward's Island Hospital, of congestion of the lungs. There had been no interruption of the circulation. The sounds of the heart were very clear, and at the autopsy the valves were found healthy. The liver was fatty and enlarged, weighing eight pounds. The spleen was enlarged, and there were signs of peritonitis.

Dr. CLARK had not seen so extensive a deposit of calcification. These deposits do not occur, except in the substance of the heart, unless as a result of pericarditis. He had seen two instances of

the deposit of bony matter, so called, in the muscular tissue of the heart; but it could not be distinguished in the living patient, so far as he was aware; nor can he tell under what circumstances effused products of inflammation become calcified.

Dr. METCALFE had seen a patch of calcification on the external surface of the pericardium, two and a half inches long by one inch and a half wide. There had been pericarditis.

Dr. ENOS exhibited a specimen of encephaloid disease of the liver, taken from a woman sixty-seven years of age. The patient was in comparative health, but rather feeble, until about six months previous to her death. She then had some symptoms of indigestion, which was not surprising, as she was nearly toothless; gradually, however, her symptoms became more aggravated, and not referable to the stomach merely. Pain in the epigastric and hypochondriac regions became more frequent and severe. The liver became enlarged, very tender, and nodulated, which, together with the duration of the malady, led me to infer the existence of malignant disease. During the last month of her illness, there was painful and difficult deglutition. Her evacuations were small and tarry, and sometimes purulent towards the end of her life. During the last week her extremities were œdematous, but there was no ascites. The lower extremity of the œsophagus, the cardiac end of the stomach, and the spleen were involved in the cancerous difficulty, were soft, ulcerated, dark, and easily broken down. The disease was hereditary.

Dr. ENOS also exhibited a fibrous polypus, taken from a boy aged thirteen. It occupied the posterior nares, being attached to the superior turbinated bone of the right side. It was of a pyriform shape, about three inches in length when first removed, and from an inch and a half to two inches through the fundus. It closely filled both posterior nares, so that it was difficult to introduce a bougie through the nostril on either side. It was strangulated by means of a silver wire and double-screw canula. The wire was doubled, and introduced through the nostril in a gum-elastic bougie, and brought out of the mouth; the end of the bougie was then cut off, and it was withdrawn, leaving the wire in. The loop was then carried with the finger around the tumor, and as high upon the pedicle as possible. The canula was run into the nostril on the wire, and screwed in the usual manner. The screw was tightened from day to day, and on the fifth day the canula and wire came away, leaving the tumor *in situ;* it being so long that it had to be removed by a tenaculum.

Dr. CLARK inquired if there was any organic disease in which nodulations of any considerable size existed, except cancer. He thinks them characteristic of cancer.

Dr. MARKOE exhibited a tibia affected with phagedenic ulcer, with the following history: A man, aged thirty-two, with healthy

appearance, was admitted into the New York Hospital, September 10, 1854, with a large ulcer in the skin, connected with enlargement of the tibia. It was first caused by an injury, twenty years before, a heavy piece of machinery falling upon his leg, inflicting a lacerated and contused wound. It has never healed perfectly. During most of the time it has been a small ulcer, which gave no trouble; but at several periods, from causes not evident, it has enlarged, and become very painful, with prominent granulations, which at times have bled freely. The last of these attacks, under which he is now suffering, commenced about twelve weeks ago. No bone has ever been discharged. Has never had syphilis. The ulcer, on his admission, was on the middle of the front of the leg, the bones above and below being much enlarged. The surface of the ulcer, nearly the size of the palm of the hand, was irregular, prominent, and formed by large, hard, wart-like granulations, giving issue to a thin, fetid, watery fluid. The probe, on being passed down among the granulations, entered at several points half an inch into the substance of the tibia, and encountered rough spiculæ, particularly around the margin of the bone, where there seemed to be a border of sharp ulcerated bone. No great tenderness or inflammation appeared around the bone. Several severe hemorrhages had occurred, and he suffered a great deal of pain. Finding no improvement, Dr. Buck, on the 23d of September, cut down and exposed the tibia, and found that the wart-like granulations did spring from a true ulcer of the bone, which was hypertrophied above and below. By a chisel, the whole ulcerated portion was removed down to what seemed to be healthy, but hypertrophied, tissue. This made an excavation half an inch deep, opening at one point into the medullary cavity. It was dressed lightly, and allowed to granulate. No relief from pain followed the operation. The wound did not assume a healthy action, but produced anew the large unhealthy, wart-like granulations, bleeding freely from slight causes. Several large pieces of bone came away, and the ulcerative actions seemed to be progressing in the centre of the bone. His general condition was failing, and, at his own request, the limb was amputated just below the knee. His recovery was good. On examination, the specimen shows the lower two thirds of both bones much hypertrophied. At the point of the ulcer, there was a loss of substance of the tibia, equal to one-third of its diameter. The excavation is covered and partly filled up with cauliflower-looking granulations, containing no bone. The bony structure seems irregularly excavated and worm-eaten. The posterior surface of the bone shows that diseased action is penetrating through the whole structure. It is prominent, with irregular nodulated deposits of new bone, and the substance of the tibia looks as if it were infiltrated with the same material as that composing the granulations. This same encephaloid-looking matter

appeared to form the substance of the skin, and granulations were in several places infiltrated into the muscles. Examination under the microscope gives unequivocal evidence of malignancy.

Dr. BATCHELDER had seen three cases of the disease, in none of which did it return after amputation. One of the patients died three years subsequently, of phthisis.

Dr. W. PARKER gave the history of two cases of chronic disease of the bladder. The first occurred in the person of a gentleman, aged fifty-seven, who for many years, up to February, 1854, had enjoyed average good health. His appetite was good. He complained of pain in the loins and around the crista ilii. His urine was normal in quantity, of acid reaction, and presented a slight sediment, though clear. The sediment consisted of blood-corpuscles and epithelial scales, with small masses of albumen. Diuretics and dry cupping to the loins were recommended, after the employment of which, the blood disappeared from the urine. Travel was now recommended, and in August the patient returned home, improved. He resumed the duties of his profession, but soon became worse, exhibited great anxiety, and lost his sight; which condition continued until near death.

Dr. BUCK saw this patient three weeks before death. He passed his urine frequently, with much pain at the end of the act. There was nervous irritability, but no fever or heat of the skin. The urine, which was sufficient in quantity, was of a turbid claret hue, in which were small leech-shaped black clots; on the side of the vessel was a layer of bright coagulated blood. There was moderate sensibility above the pubes. Pain was referred to the course of the left ureter. The prostatic portion of the bladder was more resisting than usual; the patient seemed otherwise to be in good condition. Appetite good. No anasarca. Styptic remedies to arrest hemorrhage seemed to be useless, until the bladder was injected with a solution of alum, 3 or 4 grs. to ℥j of water; this moderated the hemorrhage, and, a few days after, a solution of 10 grs. to the ounce was injected, with no ill effect. The patient soon grew worse. Intense pain was developed about the pubes and in the region of the bladder. A fortnight before the patient's death, a medical friend of the family saw him, and pronounced the malady cystitis. Leeches were applied, and from this time the patient rapidly declined. He died in two weeks. *Examination, post mortem.*—There was a tumor above the pubes, extending nearly to the umbilicus. On opening the cavity of the abdomen, the walls of the bladder were found thickened, and adherent to the walls of the abdomen. The organ was distended by ten or twelve ounces of old and somewhat bloody urine. In its bas-fond was a fungoid ulcer, five inches in diameter. The ureters were normal. The capsule of the left kidney was thickened; the cortical portion of that kidney was from a half line to a line and a half in thick-

ness. The pyramids were small. The right kidney was enlarged, but was not so far advanced in disease. Microscopical examination showed the disease of the bladder to be unequivocally cancer.

Dr. PARKER's second patient was a gentleman, aged sixty-two, of regular habits and a sanguine temperament. His health had been uninterruptedly good. In February, 1854, he presented himself, having noticed slight vertigo. He had passed water too often for a year or two previously. At a previous period, he had passed blood in his water for four months. Six months before the interview, the hemorrhage from the bladder recommenced, and continued until death. He now passed water more frequently, accompanied by much bright blood. Palliative treatment only was employed, and the patient steadily declined. *Examination, post mortem.*—The kidneys and ureters threw no light on the symptoms. Above the urethral orifice of the bladder was a pediculated tumor, surrounded by warty growths. At the fundus was a fungous growth, probably the source of the hemorrhage, and an irregular patch of vegetation existed two inches from the prostatic portion of the bladder.

Dr. CLARK, in the microscopical examination, had been unable to determine with certainty the cancerous nature of the growths, as they seemed to be mostly epithelial.

Dr. BUCK had recently seen two cases of hemorrhage from the bladder much relieved by the injection of a solution of alum, 3 or 4 grs. to the ounce of water.

Dr. PEASLEE remarked, that it would be very desirable, if possible, to decide as to the precise nature of the two cases under consideration; and as the microscope had not, he thought, fully decided in respect to the last-mentioned case, it might be allowable to attempt such a decision by reasoning upon general grounds, for, if decided thus, the light afforded by these cases may be of great assistance to us, both in a diagnostic and in a therapeutical point of view, whenever similar cases occur. Considering it evident that the first case, the one treated in part by Dr. Buck, was one of true encephaloid cancer, Dr. P. did not think it at all probable that the second was of the same nature; or, at least, if so, that element in the case was not sufficiently advanced to produce the prominent symptoms, or to demand any special therapeutical interference. Admitting both to be merely encephaloid, the hemorrhage in the latter case was out of all proportion to the possible amount of the disease, it being quite as abundant as in the other case, where a large mass of this disease existed. In other words, we must look for another cause of an equally copious hemorrhage, when the same disease exists, if at all, in a proportionally small degree; and that other cause is at once suggested by the presence of the polypoid growth at the neck of the bladder, which Dr. Clark found not to be of malignant character. In favor, also, of the supposition that this may have been the principal source

of the hemorrhage, we may cite the well-known effect of even a still smaller polypus in the uterus in keeping up hemorrhage. Dr. P. therefore thought it quite probable that the main symptoms were produced by the polypoid growth, even though malignant disease, to a slight amount, might also have existed in that case. But, if this conclusion be correct, of what diagnostic value are these cases? and can anything be learned from them for the relief of such cases? In answer to the first question, Dr. P. stated it as his belief, that, if we could have two other cases precisely similar to these, the microscope alone would decide positively that the first was a case of encephaloid disease; for if the peculiar cells were not spontaneously in the urine, they might be detached by an instrument introduced into the bladder; and such an explanation would be justifiable in all such cases. On the other hand, the microscope would probably not detect any evidence of cancerous disease, after such an exploration, in the second case; and, if not, then, for all practical purposes, it should be regarded, until further light is obtained, as a case not of malignant character, but a polypoid growth. Excessive hemorrhage, in the absence of the microscopical signs, would also confirm this idea. But, if the diagnosis may become thus definite, can anything be done for the essential relief of such cases? Though this be entirely out of the question in a case like the first, Dr. P. did not think a case like the second entirely beyond relief; and, in case no malignant disease existed, possibly it might be permanently relieved. The polypoid growth might then be removed, with a probability of entirely checking the hemorrhage, an operation which has been not very unfrequently performed in Paris.

Dr. CLARK replied, that he did not intend to express any doubt as to the malignant character of one of the portions of the second bladder, which he examined microscopically.

Dr. PEASLEE thought, however, that little, if any, part of the hemorrhage could have proceeded from that part, it being of very slight extent; and therefore the treatment should be directed to the other element of the case.

Dr. BUCK thought that though the polypoid growth might be removed, the malignant disease would yet destroy the patient.

Dr. PEASLEE thought the arrest of the hemorrhage would be no small matter, even if there were other disease, especially since, in the second case, death had apparently been produced by the constant, exhausting hemorrhage, the cancerous affection not having been sufficiently advanced to produce fatal effects. The patient's life might thus be prolonged, at any rate.

Dr. DALTON exhibited a specimen of internal strangulated hernia, for which he was indebted to Dr. H. W. Brown, and from whom he had received a statement of the previous history. The patient, a woman of seventy-eight years of age, had suffered for three days,

when seen by Dr. Brown, with all the symptoms of strangulated hernia, except stercoraceous vomiting, which was absent throughout. There was intense paroxysmal pain in the abdomen, with excessive tenderness, both more noticeable on the right side, as also was, in a less degree, the distension of the belly, which was very great. There was obstinate constipation. In the right groin a tumor formed, nearly the size of a pullet's egg, movable at its lower portion, free from tension, and which felt like omentum. Dr. Brown then performed the operation for strangulated hernia, with the advice and assistance of Drs. Buck, Watts, and Van Roth. On opening the hernial sac, a small quantity of glairy fluid escaped, but no intestine could be seen or felt; nor, even after the incision was prolonged up to the internal ring, could the finger be passed into the abdominal cavity. The hernial sac was evidently an old one, whose neck had become obliterated by the adhesive inflammation excited by the truss at some former period, when the intestine had been reduced, leaving the sac *in situ*. As no indication for further proceedings existed, the wound was closed. Death occurred in twenty-four hours; and the autopsy revealed recent general peritonitis, with abundant evidences of a former attack. An internal strangulation of the small intestine was found, which Dr. Dalton showed to the Society. The strangulation was effected by a firm round cord of adventitious membrane, evidently an old adhesion, extending from the free edge of the ileum, encircling the neck of the strangulated portion, and attached by its opposite extremity to a part of the mesentery, in which were two calculous concretions, apparently phlebolites. The strangulated portion was about eighteen inches in length, was deeply congested, and its folds adherent to each other by soft, recent exudation.

Dr. DALTON also exhibited a specimen of filaria gracilis, which he had found recently in the posterior cavity of the peritoneum of a monkey. The parasite was lying perfectly free between the peritoneal layers of the great omentum. It was a female, $8\frac{1}{2}$ inches long, and $\frac{1}{100}$ of an inch in thickness. It had an external cutaneous investment, $\frac{1}{2600}$ of an inch thick, and finely striated transversely; a layer of subcutaneous, longitudinal, unstriped muscular fibres; a straight intestine, and a double spirally wound oviduct.

Also, a specimen of cataract from the dog. In this case, both eyes were equally affected. The opacity was confined to the external layers of the crystalline, and disposed in irregular streaks, like the veins in variegated marble. The microscope showed it to be owing to a deposit of fatty granules and globules between the fibres of the lens.

Dr. WEBER exhibited a tumor which he had extirpated from an adult patient. It was a distinct specimen of medullary sarcoma.

BIBLIOGRAPHICAL NOTICES.

ART. VI.—*Goddard on the Teeth.* (With thirty plates.) Published by Samuel S. and William Wood, 261 Pearl Street, New York.

THIS work, by Paul B. Goddard, M. D., &c., assisted in the practical part by Joseph E. Parker, dentist, and originally published by Carey & Hart of Philadelphia, in 1843, is too well known to require anything like a lengthy notice. The second edition now called for is proof of the high estimate placed upon it by the dental profession. In typographical execution, it appears to be fully equal to the first. Methodical in its arrangement, concise and practical in its style, and illustrated by numerous engravings, faithful in delineation, and beautiful in their execution, it does credit to both the authors and publishers, and is well calculated to elevate the profession to which it is devoted. No dentist's library could be complete without it, and it can, very properly too, find a place in the library of the practising surgeon, to whom it would be useful as a book of reference. Country physicians, too, are often called upon to perform many of the minor operations in dentistry, and to them we would especially commend the work before us.

ART. VII.—*An Inquiry into the Pathological Importance of Ulceration of the Os Uteri. Being the Croonian Lectures for the year* 1854. By CHARLES WEST, M. D., &c. &c. &c. Philadelphia: Blanchard & Lea, 1854. Pp. 88.

THIS work, though small in size, is not one to be carelessly read. It contains the results of much thought and research, as well as the elements of a great deal of thought on a subject of vast importance. The morbid conditions of the os uteri have of late attracted a good deal of attention, and we hesitate not to affirm, that some of the investigators into these conditions have

run riot on the subject of ulcerated os, and subjected their unfortunate patients not merely to unnecessary, not to say indelicate exposure, but to a course of treatment at once unphilosophical, uncalled for, and cruel. Did space allow, we would be glad to speak more at length on this subject. Our feelings have been highly wrought upon by abuses which have come under our own observation in this particular line of practice.

Dr. West opposes the fashionable folly of regarding ulceration of the os uteri as of *very* frequent occurrence, and, when it does manifest itself, he seems to regard it as often symptomatic of disease of the lining membrane of the uterine cavity, just as aphthous sore mouth, sore lips, &c., are often indicative of disorder of the alimentary canal. The treatment, therefore, should be as much constitutional as local.

We would commend this valuable little work to the notice of our readers. In the short space of three lectures, it contains a great deal of information regarding affections of the uterus, founded on original post-mortem observations of sixty-two uteri, and on full notes of a large number of patients, both in hospital and private practice.

ART. VIII.—*Positive Medical Agents: being a Treatise on the Alkaloid, Resinoid, and Concentrated Preparations of Indigenous and Foreign Medical Plants.* By authority of the American Chemical Institute. New York: B. Keith & Co. proprietors and publishers, 582 Houston Street. Pp. 304.

THERE! reader, you have an advertisement for the last dodge of writhing, twisting, expiring Thomsonism. It is slyly done, however, *so* slyly that some of our contemporaries have been betrayed into the perpetration of commendatory editorials, and one of them, published in Boston, has for weeks been sending out the circulars of the "Institute." Some of Keith & Co.'s preparations may be good, but their book fails to show anything satisfactory either in regard to the preparation of their medicines, or their claim to the patronage of the profession.

ART. IX.—*On the Construction, Organization, and General Arrangements of Hospitals for the Insane.* By THOMAS S. KIRKBRIDE, M. D. Philadelphia: Lindsay & Blakiston, 1854. Pp. 80.

Insanity in Italy. By JOHN M. GALT, M. D. Utica, N. Y., 1854.

DR. KIRKBRIDE is the intelligent physician to the Pennsylvania Hospital for the Insane. His work is very minute on the subjects of which it treats, and is particularly valuable to those engaged in the erection or management of asylums for the insane.

DR. GALT is superintendent and physician of the Eastern Asylum of Virginia. The work before us is reprinted from the *American Journal of Insanity*. Dr. G.'s writings on insanity are favorably known.

ART. X.—*Observations on Yellow Fever; and its relation to quarantine, and other hygienic measures.* By SAMUEL L. GRIER, M. D., New Orleans, 1855.

THIS agreeably written pamphlet, although intended more particularly for the city in which its author resides, will interest not only the medical men of the North, but the general reader. Dr. Grier, who is a native of Pennsylvania, but for some years a practising physician near Natchez, had, during the prevalence of the epidemic of 1853, ample opportunities for observing the phenomena of yellow fever, and the result of his experience appears in the present work. His theory is that yellow fever is an imported disease, and that the surest method of guarding against its ravages is to institute strict and searching quarantine in every city liable to its attacks. Regarding the past history of this frightful epidemic, and its MIGRATORY character, he expresses his belief that the fever of last summer in Charleston and Savannah was but the extension of the scourge that devastated New Orleans in 1853, and that its appearance in 1855 may be reasonably expected in the more northerly cities of Norfolk, Baltimore, and Philadelphia. If Dr. Grier's theory be correct, that the pestilence travels along the seaboard, so invariably as to be regarded as a *coast* disease, it is high time that New York and Philadelphia

should be thinking of the sanitary preventives, which can only secure them from its malign influence. The vexed question, "Is yellow fever contagious," is very fully considered, and much light thrown upon the subject by a quotation of historic facts having reference thereto. It is thought, if not absolutely *contagious*, to be *communicable*, and to have been frequently transmitted by subjects of the disease and by fomites—substances imbued with the principles of its infectious nature.

The pamphlet is full of indisputable facts, showing the importance of hygienic measures in staying the progress of this dire curse. The author argues that since it has been found practicable to shut up the disease within a particular district by a common board fence, that a well conducted and rigidly exercised quarantine would be a secure defence from its first approach. As this is a subject which affects every citizen as well as every practitioner, we commend Dr. Grier's book to the careful attention of both, confident that no work of its size lately published contains a greater amount of instructive and important matter.

G.

ART. XI.—*Report of the Select Committee of the Senate of the United States, on the Sickness and Mortality on board Emigrant Ships.* August 2, 1854, Public Document. Washington, 1854, pp. 147.

THIS document is creditable to the heart as well as to the head of the Hon. Hamilton Fish, of New York, chairman of the Committee, through whom the subject of which it treats was urged upon the attention of Congress. We have been much interested and instructed in the perusal of the report, and would gladly notice it in detail, did time and space permit. We are happy to perceive that a bill is now before Congress founded on the labors of the above Committee, and trust that the humane intentions of the originator of the bill will be speedily realized, in the passage of an effectual law to protect the lives and health of emigrants.

ART. XII.—*Wood's Catalogue.*

WE have heretofore called the attention of our readers to the above catalogue, published by S. S. and W. Wood, 261 Pearl St.

N. Y., who have for sale "the most extensive collection of medical books in this country." As a book of reference, this catalogue is worth having. It comprises about 150 pages. Copies will be sent by mail, free of postage, to all *post-paid* applicants.

The principal medical book publishers in Philadelphia also publish catalogues, which, we presume, can be obtained in the same way.

WORKS IN PRESS.

LINDSAY & BLAKISTON announce the following works, which, when ready for the trade, will be noticed. *Diseases of the Heart and the Aorta*, by Wm. Stokes, M. D. A new edition. *The Book of Prescriptions*, containing 2900 prescriptions, &c., by Henry Beasley. Todd's *Clinical Lectures on Diseases of the Brain and Nervous System.* Todd's *Clinical Lectures on certain diseases of the Urinary Organs, and Dropsies.*

EDITORIAL.

MEDICAL SOCIETY OF NEW JERSEY.

THIS venerable body held its eighty-ninth annual meeting at Trenton, on the evening of Tuesday the 23d ult., at which time the preliminary business of the Society was transacted, and the President's address read. The attendance was quite large, and the proceedings promised to be of a more interesting and instructive character than usual. The address of the President was well adapted to the existing state of affairs between the Society and the State legislature, and was listened to with marked attention and respect, and commented on as able and dignified. It was adapted to a popular as well as a professional audience, giving a brief review of legislation in New Jersey on the subject of medicine. But as the address is to be published, we will refrain from further comment.

On the following day (the 24th), the Society reassembled at an early hour, and proceeded to the transaction of business. We had occasion last year to comment on the sad loss of time from a lack of observance of parliamentary usages on the part of the members. There was, perhaps, a *little* improvement in this respect this year, but there is still room for more. We again commend the subject to the attention of our readers.

We were sorry to see that a good many members were absent on the reassembling of the Society on Wednesday, as though the business of the Society was completed when the President's address was read. It is to be regretted that the interest of the members cannot be kept up for two days. The report of the Standing Committee by I. S. Mulford, M. D., chairman, and the memorial to the legislature, drawn up by our venerable friend Lewis Condict, M. D., were both able and interesting documents, and were listened to with marked attention. The memorial received the signatures of all the members present.

The dinner at the Trenton House was discussed with apparent

satisfaction, and we were gratified in observing that there was an almost entire absence of spirituous liquors from the table.

It is a melancholy thought that some of the fathers of medicine in New Jersey, who met with us on that occasion, will, in all probability, never meet with us again.

The exercises of the afternoon session were diversified by a short and *very interesting* lecture on hip disease and club-foot, by our learned friend Louis Bauer, M. D., of the Orthopœdic Institution, Brooklyn, N. Y. We hope that Dr. B. will embrace another opportunity of meeting the Society, and are sure, from the real interest excited in the breasts of the members in the short time allotted to the lecturer, that he would meet a hearty welcome.

The address of the President was requested to be repeated in the hall of the legislature in the evening at eight o'clock, to which time and place the Society adjourned, and then adjourned *sine die.*

In our next number, the minutes, President's address, reports, &c., will be published in full as EXTRA MATTER.

NEW YORK PATHOLOGICAL SOCIETY.

It can hardly be necessary for us to remind our readers of the importance of the extracts with which they are favored, from the proceedings of the above Society. It would be difficult to present them with more useful matter. These reports have been furnished through the politeness of the late secretary of the Society, S. Foster Jenkins, M. D., and we hope to have them continued. A press of matter had, unfortunately, thrown us behind-hand with these reports, which will account for so large a proportion of the present number being occupied with them.

It shall be our endeavor to furnish short practical articles for the REPORTER. We have, of late, been publishing some series of important papers, which have occupied considerable room. These, however, are nearly completed, and we trust our readers will replace them by short papers on the various departments of medical and surgical science.

To Correspondents.—We have on hand communications from Dr. S. W. Williams, Illinois; Dr. Wm. Johnson, N. J.; Dr. J. W. Snowden, N. J.; Dr. T. J. Corson, N. J.; "M. D.," N. J., and "Member of the Am. Med. Association."

Feb. 16 1855